

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000109600

Entity Name: J. MICHAEL LOOPER M.D., LLC

Current Principal Place of Business:

63 BAY HARBOUR DRIVE
PONCE INLET, FL 32127

Current Mailing Address:

4220 ORIOLE AVENUE
PORT ORANGE, FL 32127

FEI Number: 47-1312894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANEY, SONYA L
5131 S RIDGEWOOD AVENUE
SUITE F
PORT ORANGE, FL 32127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name LOOPER, J M
Address 4220 ORIOLE AVENUE
City-State-Zip: PORT ORANGE FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J M LOOPER

MGR

04/27/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date